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Garden City, New York 11530  
(516) 742-4343 - Telephone  
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e-mail: intprop@ssmp.com

**SCULLY, SCOTT, MURPHY  
& PRESSER**

SEP 20 PM 2:13

US PATENT & TRADEMARK  
OFFICE#1 Reg. so / Refund  
10-10-01**Fax**

<b>To:</b> US Patent & Trademark Office	<b>From:</b> E. Gilroy
<b>Fax:</b> 703-308-5077	<b>Pages:</b> 5
<b>Phone:</b>	<b>Date:</b> 09/19/2001
<b>Re:</b> June 2000 Deposit Account Statement	<b>Attn:</b> Refund Section, Office of Finance

☐ **Urgent**    ☐ **For Review**    ☐ **Please Comment**    ☐ **Please Reply**    ☐ **Please Recycle**

Following is our request for a refund of \$156.00, along with a copy of our June 2000 Deposit Account Statement, showing a duplicate charge for Independent Claims in Excess of Three.

Thank you.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Hisayoshi Usui

Serial No.: 09/595,494

Filing date: June 15, 2000

Docket: 13700

Attention: Refund Section, Accounting Division  
Office of Finance

REQUEST FOR REFUND

Sir/Madam:

For the reason set forth below, Applicant(s) representatives request that they be refunded \$156.00 by crediting this amount to Deposit Account No. 19-1013. This amount is the official fee for Independent Claims in Excess of Three, which was charged to Deposit Account No. 19-1013 on June 23, 2000, Control No. 46 (Copy attached).

The official fee for the Independent Claims in Excess of Three was enclosed by check which also included the Basic Filing Fee. (Copy of Patent Application Transmittal letter also attached)

It is respectfully requested that Deposit Account No. 19-1013 be credited in the amount of \$156.00.

Eileen Gilroy  
Accounting Department

Scully, Scott, Murphy & Presser  
400 Garden City Plaza  
Garden City, New York 11530  
(516) 742-4343  
Dated: September 19, 2001



# U.S. Patent and Trademark Office

## OFFICE OF FINANCE

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### Deposit Account Statement

Requested Statement Month: June 2000  
 Deposit Account Number: 191013  
 Name: SCULLY, SCOTT, MURPHY & PRESSER  
 Attention: DEBORAH SHEEHAN  
 Address: A PROFESSIONAL CORPORATION  
 City: GARDEN CITY  
 State: NY  
 Zip: 11530-0299

DATE	SEQ	POSTING REF TXT	ATTORNEY DOCKET NBR	FEE CODE	AMT	BAL
06/01	140	09463731		704	-\$130.00	\$25,752.88
06/02	83	09579206		704	-\$126.00	\$25,878.88
06/05	27	09270855	12522	116	\$380.00	\$25,498.88
06/06	25	09169584	11728	203	\$18.00	\$25,480.88
06/07	223	09575085	13449	581	\$40.00	\$25,440.88
06/09	223	09555776	13603	971	\$420.00	\$25,020.88
06/09	224	09555776	13603	967	\$27.00	\$24,993.88
06/09	225	09555776	13603	581	\$40.00	\$24,953.88
06/09	226	09555776	13603	581	\$40.00	\$24,913.88
06/12	38	5610013		142	\$897.00	\$24,016.88
06/12	125	75152650		364	\$25.00	\$23,991.88
06/13	1	09092431	11471(SGNA10	117	\$490.00	\$23,501.88
06/13	2	09092431	11471(SGNA10	131	\$690.00	\$22,811.88
06/13	3	09092431	11471(SGNA10	103	\$468.00	\$22,343.88
06/13	6	6055944		561	\$15.00	\$22,328.88
06/21	5	09111840	AM9-98-089	117	\$870.00	\$21,458.88
06/23	46	09595494	13700	102	\$156.00	\$21,302.88
06/23	57	09535195		704	-\$453.00	\$21,755.88
06/23	162	09074222	10939CA99701	115	\$110.00	\$21,645.88
06/27	22	09465655	9014	110	-\$36.00	\$21,681.88
06/28	84	09598338		704	-\$144.00	\$21,825.88
06/30	6	P102529		122	\$130.00	\$21,695.88

START  
BALANCE

SUM OF  
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SUM OF  
REPLENISH

END  
BALANCE

**SCULLY, SCOTT, MURPHY & PRESSER**  
 A PROFESSIONAL CORPORATION  
 400 GARDEN CITY PLAZA  
 GARDEN CITY, NEW YORK 11530-0299

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DATE	TO THE ORDER OF	CHECK NO.	AMOUNT	CHECK AMOUNT
	<i>Calvin Commissioner of Patents</i>	210149630 032 2302 2308 08 21		846

BUSINESS ACCOUNT

THE BANK OF NEW YORK

STEWART AVE. & CLINTON ROAD  
GARDEN CITY, N.Y. 11530

*Linda A. Hagemeyer*

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6111007504

# UTILITY PATENT APPLICATION TRANSMITTAL (Large Entity)

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Docket No.

13700

Total Pages in this Submission

3

## Accompanying Application Parts (Continued)

15. ☒ Certified Copy of Priority Document(s) (If foreign priority is claimed)

16. ☐ Additional Enclosures (please identify below):

## Fee Calculation and Transmittal

### CLAIMS AS FILED

For	#Filed	#Allowed	#Extra	Rate	Fee
Total Claims	16	- 20 =	0	x \$18.00	\$0.00
Indep. Claims	5	- 3 =	2	x \$78.00	\$156.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
BASIC FEE					\$690.00
OTHER FEE (specify purpose)					\$0.00
TOTAL FILING FEE					\$846.00

- ☒ A check in the amount of \$846.00 to cover the filing fee is enclosed.
- ☒ The Commissioner is hereby authorized to charge and credit Deposit Account No. 19-1013/SSMP as described below. A duplicate copy of this sheet is enclosed.
- ☐ Charge the amount of \_\_\_\_\_ as filing fee.
- ☒ Credit any overpayment.
- ☒ Charge any additional filing fees required under 37 C.F.R. 1.16 and 1.17.
- ☐ Charge the issue fee set in 37 C.F.R. 1.18 at the mailing of the Notice of Allowance, pursuant to 37 C.F.R. 1.311(b).

Signature

Paul J. Esatto, Jr.

Reg. No.: 30,749

SCULLY, SCOTT, MURPHY &amp; PRESSER

400 Garden City Plaza

Garden City, New York 11530

(516) 742-4343

Dated: June 16, 2000

cc: